11700013969

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
!

Office Use Only



200316465712

BW31/18--01007--012 *•25.00

18 JUL 31 AM 9: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BL. VORISEK AUG 0 8 2018

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: BY	19ht Home Name of Lim	Inspections, LLC ited Lability Company	
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	<u>Julian</u>	Name of Cerani	
	Bright Home	Inspections Film/Company	
	14557 Big 5	Stush Lone Address	
	Jacksonvill	e, FL, 37258 City/State and Zip Code Chome in spections to be used for future annual report notifi	
	Julian@JD	Chome inspections	.com
	E-mail address: (to be used for future annual report notifi	cation)
For further information co	ncerning this matter, please ca	all:	
Julian C	havez	at (<u>904)</u> <u>Z46</u> Area Code Daytime	2036
Name of	Person	Area Code Daytime	Telephone Number
Englosed is a check for the	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bright Home In	spections, LLC	
(Name of the Limited Liability Compar	ny as it now appears on our reco	ords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L17pppp13969</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company Tolian D Chavez. LLC The new name must be distinguishable and contain the words "Limited Liability company The new name must be distinguishable and contain the words "Limited Liability company The new name must be distinguishable and contain the words "Limited Liability company The new name must be distinguishable and contain the words "Limited Liability company The new name must be distinguishable and contain the words "Limited Liability company The new name must be distinguishable and contain the words "Limited Liability company The new name must be distinguishable and contain the words "Limited Liability company The new name must be distinguishable and contain the words "Limited Liability company The new name must be distinguishable and contain the words "Limited Liability company co	dity Company) were filed on	TALLAND assigned TALLAND ASSIE, FLORIDA LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> 1455 / 1519</u>	Brush Lane , FL, 32258
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville	, FL, 32258
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our reco	Brush Lane 7, FL, 32258 rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	tress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, provided for in Chapter 60	and I am familiar with and 5. F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
		 	Remove
			Change
			Remove
			Change
			□ Remove
			☐ Change
			☐ Remove
			☐ Change
			□ Add
			Remove
			☐ Change
			☐ Remove
			Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
ectiv	e date, if other than the date of filing:
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 00th day after the record is filed.
ted _	25 JULY . 2018 // -
	Signature of a member or authorized representative of a member
	Julian D Chave 3
	I / I = I = I = I = I = I = I = I = I =

Page 3 of 3

Filing Fee: \$25.00